

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 3 1957

STANDARD CERTIFICATE OF DEATH

37 0 21 9000  
STATE FILE NUMBER 64  
Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <b>CALIFORNIA</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <b>CLARKSBURG</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR <b>LATHAM Hospt.</b> <b>1 WK</b>				d. STREET ADDRESS (If outside, give location) Reside on Farm <b>Rt. 1</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>Viola Ruth Bond</b>				4. DATE OF DEATH Month Day Year <b>JUNE 22 1957</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>CAUCASIAN</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>JAN. 2, 1896</b>	
9. AGE (In years last birthday) <b>61</b>				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE &amp; FARMING</b>		11. BIRTHPLACE (City and state or country) <b>MONITEAU Co., MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>				13. FATHER'S NAME <b>DAVE CUNNINGHAM</b>			
14. MOTHER'S MAIDEN NAME <b>JENNIE HENSEN</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			
16. SOCIAL SECURITY NO. <b>UNAVAILABLE</b>				17. INFORMANT Address <b>MRS. HAZEL BOND Eldon, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Myeloma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>203X</b>							INTERVAL BETWEEN ONSET AND DEATH <b>8 mos.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>Nov. 1956</b> to <b>June 22, 1957</b> and last saw her alive on <b>June 22, 1957</b> Death occurred at <b>5:15</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Lorena M. Galloway MD</b>				22b. ADDRESS <b>California, Mo.</b>		22c. DATE SIGNED <b>6-22-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 25, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Eldon</b>		23d. LOCATION (City, town, or county) (State) <b>Eldon, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Louis W. Phillips Eldon</b>				25. DATE RECD. BY LOCAL REG. <b>6-25-57</b>		26. REGISTRAR'S SIGNATURE <b>Helen S. Papay</b>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1957

AUG 16 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. *34*

P. O. Address *Calder*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.